

of the century saw rapid increases in life expectancy, driven by improvements in public health interventions, the control and prevention of infectious diseases, and reductions in infant and child mortality.¹² Since 1950, improvements in life expectancy have been largely attributable to improvements in treating and preventing adult chronic diseases, particularly heart disease and stroke; improvements in medical care and treatment; and changes in individual behaviors and other risk factors for chronic health conditions.¹² More recently, since 1990, the national trend has been of gradual yearly increases in life expectancy.¹

In 2008, the life expectancy in North Carolina was 77.5 years.^a However, North Carolina still resides in the bottom third of all states with regards to life expectancy, ranking 39th of all states in 2005. Continuing this trend, and improving life expectancy broadly, requires reducing age-specific mortality rates in North Carolina, which are related to the leading causes of death for each age group. In order to do this, the underlying risk factors for the leading causes of death and disability must be addressed.

The top three overall causes of death for North Carolinians of all ages are cancers, heart diseases, and cerebrovascular diseases (stroke). In 2008, cancer surpassed heart disease as the leading cause of death in North Carolina.¹³ While there are differences in the leading causes of death between age groups and the related age-specific mortality rates, there are commonalities across all age groups, many of which are related to preventable deaths. This includes deaths related to heart diseases and stroke, along with deaths related to unintentional injury, suicide, and diabetes.¹³ Continuing to improve the life expectancy of North Carolinians will therefore require improving the prevention and treatment of a wide range of chronic health conditions and public health issues—many of which are addressed by the HNC 2020 objectives. For this reason, this objective was chosen as the key performance indicator for this focus area.

Rationale for target (refer to data grid): From 1998–2008, life expectancy in North Carolina increased from 75.9 years to 77.5 years. The HNC 2020 experts felt that targets based on the best state’s life expectancy value and the best performing state’s pace—81.7 and 82.0 years, respectively—were both not achievable targets for North Carolina. However, the HNC 2020 experts decided that maintaining North Carolina’s pace would be an aspirational and achievable target. Reaching this target requires continued improvements in public health in North Carolina. Based upon this method, the 2020 target is 79.5 years.

OBJECTIVE 2: INCREASE THE PERCENTAGE OF ADULTS REPORTING GOOD, VERY GOOD, OR EXCELLENT HEALTH TO 90.1%

Rationale for selection: One of the primary aims of having a set of health objectives, such as the HNC 2020 objectives, is to provide structure and direction for improving the overall health status of North Carolinians by making progress on a wide array of public health issues. Self-report assessments of health status measure an individual’s perceptions of their own health, ranging from poor to excellent. Self-reported health status is a validated measure of population health across populations, and studies have found a consistent association between higher reported health status and lower mortality rates.¹⁴ Additionally, self-reported health status is a commonly used measure for tracking population health and identifying health disparities.^{15–17} Nationally in 2009, 85.9% of adults report having good, very good, or excellent health, compared to 81.9% of adults in North Carolina.¹⁸

Rationale for target (refer to data grid): In North Carolina, the percentage of adults reporting good, very good, or excellent health remained relatively unchanged between 1999 and 2009 at 82.1% and 81.9%, respectively. Nationally, North Carolina’s self-reported health status falls in the bottom 10 of states (41st in 2009 with all states reporting). The HNC 2020 experts decided that breaking this trend and increasing self-reported health status was an important goal. Targets based upon the best-performing state’s pace or North Carolina’s

a State Center for Health Statistics, North Carolina Department of Health and Human Services. Written (email) communication. July 9, 2010.